

Gabriel Lewis  
Typed Name of  
Person Signing

|   |              |   |        |   |        |
|---|--------------|---|--------|---|--------|
| U.S. APPLICATION NO. (IF KNOWN)<br><b>107/069805</b>  |              | INTERNATIONAL APPLICATION NO.<br>PCT/US00/23992 |        | ATTORNEY'S DOCKET NUMBER<br>10559-307US1                |        |
| 17. <input checked="" type="checkbox"/> The following fees are submitted:<br><br><b>Basic National Fee ( 37 CFR 1.492(a)(1)- (5) ):</b><br><br>Neither international preliminary examination fee (37 CFR 1.482)<br>nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br>and International Search Report not prepared by the EPO or JPO..... <b>\$1040</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to<br>USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$890</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but<br>international search fee (37 CFR 1.445(a)(2)) paid to USPTO..... <b>\$740</b><br><br>International preliminary examination fee paid to USPTO (37 CFR 1.482)<br>but all claims did not satisfy provisions of PCT Article 33(1)-(4)..... <b>\$710</b><br><br>International preliminary examination fee paid to USPTO (37 CFR 1.482)<br>and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100</b><br><br><div style="text-align: right;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></div> |              |   |        | <b>CALCULATIONS PTO USE ONLY</b>                        |        |
|   |              |   |        | \$100.00  |        |
| Surcharge of <b>\$130</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30<br>months from the earliest claimed priority date (37 CFR 1.492(e)).   |              |   |        | \$130.00  |        |
| Claims  | Number Filed | Number Extra                                    | Rate   |   |        |
| Total Claims  | 15 - 20 =    | 0   | x \$18 | \$0.00  |        |
| Independent Claims  | 4 - 3 =      | 1   | x \$84 | \$84.00   |        |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable)  |              |   |        | + \$280   | \$0.00 |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |   |        | \$314.00  |        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are<br>reduced by 1/2.   |              |   |        | \$0.00  |        |
| <b>SUBTOTAL =</b>   |              |   |        | \$314.00  |        |
| Processing fee of <b>\$130</b> for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30<br>months from the earliest claimed priority date (37 CFR 1.492(f))  |              |   |        | \$0.00  |        |
| <b>TOTAL NATIONAL FEE =</b>   |              |   |        | \$314.00  |        |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) <b>\$40.00</b> per property +   |              |   |        | \$0.00  |        |
| <b>TOTAL FEES ENCLOSED =</b>  |              |   |        | \$314.00  |        |
|   |              |   |        | <b>Amount to be refunded:</b>                           | \$     |
|   |              |   |        | <b>Charged:</b>   | \$     |
| a. <input checked="" type="checkbox"/> A check in the amount of \$314.00 to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. 06-1050 in the amount of \$0.00 to cover the above fees. A duplicate<br>copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any<br>overpayment to Deposit Account No. 06-1050. A duplicate copy of this sheet is enclosed.<br><br><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive<br/>         (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>  |              |   |        |   |        |
| SEND ALL CORRESPONDENCE TO:<br><br>Scott C. Harris<br>FISH & RICHARDSON P.C.<br>4350 La Jolla Village Drive, Suite 500<br>San Diego, California 92122<br>(858) 678-5070 phone<br>(858) 678-5099 facsimile   |              |   |        |   |        |
| SIGNATURE:  |              |   |        | NAME <span style="float: right;">Scott C. Harris</span> |        |
|   |              |   |        | 32,030  |        |
| REGISTRATION NUMBER   |              |   |        |   |        |